



Tennessee Department of Environment and Conservation,
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625

SOPC00012

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP) APPLICATION**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☒ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

OPERATION IDENTIFICATION

TNA000195

Operation Name: Cedar Belle Farms		County: Obion
Operation Location/ Physical Address: 517 S Red McCorkle Rd Union City, TN 38261		Latitude:
		Longitude:
Name and distance to nearest receiving water(s): 650' - Cypress Creek		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: 158,200	Number of Barns: 6	Name of Integrator: Tyson Foods.
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input checked="" type="checkbox"/> NMP Attached	Attach the closure plan <input checked="" type="checkbox"/> Closure Plan Attached	Attach a topographic map <input checked="" type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): Carla Sammons		Title or Position: Co-owner		<input checked="" type="checkbox"/> Correspondence <input checked="" type="checkbox"/> Invoice
Mailing Address: 517 S Red McCorkle Rd	City: Union City	State: TN	Zip: 38261	
Phone number(s): 721-504-9093	E-mail:			
Optional Contact: David Sammons		Title or Position: Co-owner		<input checked="" type="checkbox"/> Correspondence <input checked="" type="checkbox"/> Invoice
Address: 517 S Red McCorkle Rd	City: Union City	State: TN	Zip: 38261	
Phone number(s): 721-504-9093	E-mail:			

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type Carla + David Sammons, owners	Signature Carla Sammons David Sammons	Date 7/1/10 7/1/10
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RECEIVED OCT 21 2010	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date

Erin - I got an email from Angela Under
needer then. Yours is the original.
DJ

Angela

In response to your request

I am sending you a copy of NAD
or State Operating Permit Application

+ I have sent the Original to
Erin O'Brien TDEC

Thanks

Dorine Jenkins

WPC Permit Section

RECEIVED

OCT 21 2010

TN Division Of Water
Pollution Control